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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002095 (5)**

1. Corporation Name

SUMMIT TITLE COMPANY

Principal Place of Business	Mailing Address
BAYSHORE PLACE. SUITE 800 601 BAYSHORE BLVD. TAMPA FL 33606-2760 US	BAYSHORE PLACE. SUITE 800 601 BAYSHORE BLVD. TAMPA FL 33606-2760 US

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21 1715 W. Cleveland St.
Suite, Apt. #, etc.
22
City & State: 23 Tampa, FL
Zip: 24 33606 Country: 25 U.S.A.

2a. Mailing Address
26 P.O. Box 3277
Suite, Apt. #, etc.
27
City & State: 28 Tampa, FL
Zip: 29 33601-3277 Country: 30 U.S.A.

4. FEI Number: 59-3217773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOCK, RONALD G
BAYSHORE PLACE, SUITE 800
601 BAYSHORE BLVD.
TAMPA FL 33606-2760

10. Name and Address of New Registered Agent

81 Name: Edward A. Hill
82 Street Address (P.O. Box Number is Not Acceptable): 1715 West Cleveland Street
83
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Edward A. Hill — Edward A. Hill — February 5, 1996
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGFORD, E C % 601 BAYSHORE BLVD., SUITE 800 TAMPA FL 33606-2760	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, EDWARD A % 601 BAYSHORE BLVD., SUITE 800 TAMPA FL 33606-2760	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRYBUS, RONALD H % 601 BAYSHORE BLVD., SUITE 800 TAMPA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOCK, RONALD G % 601 BAYSHORE BLVD., SUITE 800 TAMPA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WOODWARD, ANTHONY G % 601 BAYSHORE BLVD., SUITE 800 TAMPA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1715 West Cleveland Street Tampa, FL 33606	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D S/T 1715 West Cleveland Street Tampa, FL 33606	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D P Debra K. Langford 1715 West Cleveland Street Tampa, FL 33606	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Muriel Desloovere 1715 West Cleveland Street Tampa, FL 33606	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Vicki L. Reeves 1715 West Cleveland Street Tampa, FL 33606	☐ Change ☒ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra K. Langford — Debra K. Langford, Pres. February 5, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #